

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001647

1. Entity Name

PENUEL EVANGELICAL CHURCH OF DELRAY BEACH, INC.

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90015 020 \*\*\*\*61.25

0036395

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|---|---|
| Principal Place of Business<br>SABAL LAKE RD<br>DELRAY BEACH FL 33445 | Mailing Address<br>724 AVENUE CHAUMONT<br>DELRAY BEACH FL 33445 |
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DO NOT WRITE IN THIS SPACE

|   |  |
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| 2. Principal Place of Business<br>SABAL LAKES RD<br>DeRay Beach | 3. Mailing Address<br>724 Avenue Chaumont<br>Suite, Apt. #, etc. |
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|                             |                             |                             |                               |
|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| City & State<br>DeRay Beach | City & State<br>DeRay Beach | 4. FEI Number<br>65-0534382 | Applied For<br>Not Applicable |
| Zip<br>33445                | Country<br>Florida          | Zip<br>33445                | Country<br>Florida            |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br>ELMEUS, HODESTIN<br>724 AVENUE CHAUMONT<br>DELRAY BEACH FL 33445 |
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| 7. Name and Address of New Registered Agent<br>Name Pastor Modestine Elmeus<br>Street Address (P.O. Box Number is Not Acceptable)<br>724 Avenue Chaumont<br>City DeRay Beach FL Zip Code 33445 |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.<br>SIGNATURE Pastor Modestine Elmeus<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)<br>DATE 03-15-02 |
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|                          |   |                             |  |
|--------------------------|---|-----------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|--------------------------|---|-----------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ELMEUS, MODESTIN<br>724 AVENUE CHAUMONT<br>DELRAY BEACH FL 33445  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ACCILLEN, PARVILIEN<br>101 SW 7TH AVENUE<br>DELRAY BEACH FL 33444 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ANTOINE, IFOCA<br>724 AVENUE CHAUMONT<br>DELRAY BEACH FL 33445    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>AUGUSTIN, ELMUIS<br>623 SW 6TH AVENUE<br>DELRAY BEACH FL 33444    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MARC, MERITE<br>319 SE 3RD AVENUE<br>DELRAY BEACH FL 33444        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | O<br>MERUS, LERISSON<br>12001 NW 12 AVENUE<br>DELRAY BEACH FL 33445    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |
| SIGNATURE: ELMEUS, MODESTIN<br>Signature and typed or printed name of signing officer or director<br>DATE: 03-15-02<br>Dwelling Phone #: 561-638-9578   |

CR2E037 (9/01)